

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CREDO SUPERPAC		FEC IDENTIFICATION NUMBER ▼ C C00507517	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
Full Name (Last, First, Middle Initial) of Payee Lee R. Anderson		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 400 Massachusetts Ave, NW Suite 125		Amount 1612.50	
City Washington	State DC	Zip Code 20016	Transaction ID : SE.11694
Purpose of Expenditure Strategic Consulting	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 18
Name of Federal Candidate Supported or Opposed by Expenditure: ALLEN B MR. WEST		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 35316.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Andrew Gaydos		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 3701 Waters Edge Trail		Amount 937.50	
City Roswell	State GA	Zip Code 30075	Transaction ID : SE.11695
Purpose of Expenditure Payroll	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 18
Name of Federal Candidate Supported or Opposed by Expenditure: ALLEN B MR. WEST		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 36253.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		2550.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Becky Bond</p> <p>Signature _____ [Electronically Filed] Date MM / DD / YYYY 10 / 23 / 2012</p>			

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Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Will Golden			Date M M / D D / Y Y Y Y Y Y 10 / 23 / 2012		
Mailing Address 301 N Thompson Dr #8			Amount 937.50		
City Madison State WI Zip Code 53714		Transaction ID : SE.11697			
Purpose of Expenditure Payroll		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ALLEN B MR. WEST			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 38878.59					
Full Name (Last, First, Middle Initial) of Payee Matthew Keating			Date M M / D D / Y Y Y Y Y Y 10 / 23 / 2012		
Mailing Address 2486 Blackburn			Amount 1687.50		
City Eugene State OR Zip Code 97405		Transaction ID : SE.11696			
Purpose of Expenditure Payroll		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ALLEN B MR. WEST			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 37941.09					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2625.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			5175.00		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Becky Bond</p> <p>Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 23 / 2012</p>					